



THE COMMONWEALTH OF MASSACHUSETTS
DIVISION OF OCCUPATIONAL SAFETY, EMPLOYMENT AGENCY PROGRAM
399 WASHINGTON STREET, 5TH FLOOR, BOSTON, MA 02108
TELEPHONE: (617) 727-3696 • FAX: (617) 727-0726 • WWW.MASS.GOV/DOS/

APPLICATION FOR REGISTRATION AS A SERVICE AGENCY: FORM 2005-3

SECTION I

Check one: ☐ Initial application ☐ Change of information (*simply fill out portions of the application where you are providing new or updated information since your initial application*)

Agency name: _____ ☐ Main office ☐ Branch office

Parent or affiliate company name (*if applicable*): _____

Agency street address: _____

Building/suite: _____ City/Town: _____

State: _____ Zip code: _____ Telephone: _____

Fax: _____ Website address: _____

E Mail address: _____

Agency mailing address (*if different*): _____

SECTION II

THIS AGENCY IS A:

(*check sole proprietorship, partnership, corporation, LLC, or LLP and provide relevant information*)

☐ **SOLE PROPRIETORSHIP** Owner's name: _____

Social Security Number: _____ Home Telephone: _____

Mailing Address: _____ City/Town: _____

State: _____ Zip: _____ Former Business/ Occupation: _____

☐ **PARTNERSHIP** Partner's name: _____

Social Security Number: _____ **OR** Federal ID Number: _____

Home Telephone: _____

Mailing Address: _____ City/Town: _____

State: _____ Zip: _____ Former Business or Occupation: _____

Partner's name: _____

Social Security Number: _____ (Not needed if a Federal ID # has been provided above)

Home Telephone: _____

Mailing Address: _____ City/Town: _____

State: _____ Zip: _____ Former Business or Occupation: _____

☐ **CORPORATION** ☐ **LLC** ☐ **LLP** Federal ID Number: _____

President's name: _____

Home Telephone: _____

Mailing Address: _____ City/Town: _____

State: _____ Zip: _____ Former Business or Occupation: _____

Treasurer's name: _____

Home Telephone: _____

Mailing Address: _____ City/Town: _____

State: _____ Zip: _____ Former Business or Occupation: _____

SECTION III

NATURE OF AGENCY PLACEMENT WORK (*check all that apply*):

- ☐ Modeling ☐ Elderly care ☐ Nanny ☐ Babysitting
- ☐ Domestic services (*specify type of work*) _____
- ☐ Temporary Labor (*specify type of work*) _____
- ☐ Temporary Professional (*specify type of work*) _____
- ☐ Permanent Labor (*specify type of work*) _____
- ☐ Permanent Professional (*specify type of work*) _____
- ☐ Other (*please specify*) _____

Will the agency provide/place domestic workers? ☐ YES ☐ NO

Will any agency fees paid either directly or indirectly by the worker(s)? ☐ YES ☐ NO

Will the agency directly employ individuals it places, that is, pay their wages,
direct their work, cover them for workers' compensation, unemployment, etc.? ☐ YES ☐ NO

*If yes, will all of these employees placed by the agency placed SOLELY
in part-time or temporary positions?* ☐ YES ☐ NO

Will the agency SOLELY provide employers or prospective employers, by electronic
means, biographical information, background and experience of applicants for
temporary help or engagement? ☐ YES ☐ NO

SECTION IV

Signature(s) of person(s) submitting this application } If agency is a sole proprietorship, the owner must sign
If agency is a partnership, all partners must sign
If agency is a corp., LLC or LLP, the President and Treasurer must sign

I DECLARE THE ABOVE FACTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND
UNDERSTAND THAT ANY FALSE ANSWER(S) WILL BE CONSIDERED JUST CAUSE FOR DENIAL OR
REVOCATION OF AN EMPLOYMENT AGENCY APPLICATION OR REGISTRATION. SIGNED UNDER THE
PAINS AND PENALITIES OF PERJURY.

SIGNATURE PRINT NAME ADDRESS DATE

SECTION V

The following documentation **must** be submitted with a completed application for registration as a service agency,
depending on whether the agency is a sole proprietorship, partnership, or corporation. Incomplete applications will be
returned to the applicant.

SOLE PROPRIETORSHIP	PARTNERSHIP	CORPORATION / LLC / LLP
<input type="checkbox"/> A check or money order payable to "The Commonwealth of Massachusetts" for the required \$300 annual fee for a main office, and/or \$180 annual fee for each branch office.	<input type="checkbox"/> A check or money order payable to "The Commonwealth of Massachusetts" for the required \$300 annual fee for a main office, and/or \$180 annual fee for each branch office.	<input type="checkbox"/> A check or money order payable to "The Commonwealth of Massachusetts" for the required \$300 annual fee for a main office, and/or \$180 annual fee for each branch office.
<input type="checkbox"/> A notarized affidavit attesting to	<input type="checkbox"/> A notarized affidavit attesting to	<input type="checkbox"/> A notarized affidavit attesting to

compliance with all state tax laws. Form provided pg. 5.	compliance with all state tax laws. Form provided pg. 5.	compliance with all state tax laws. Form provided pg. 5.
<input type="checkbox"/> A signed and dated Affirmation of Compliance stating that the agency will post the Attorney General's Wage & Hour Laws in a conspicuous place within the agency. Form provided pg. 6.	<input type="checkbox"/> A signed and dated Affirmation of Compliance stating that the agency will post the Attorney General's Wage & Hour Laws in a conspicuous place within the agency. Form provided pg. 6.	<input type="checkbox"/> A signed and dated Affirmation of Compliance stating that the agency will post the Attorney General's Wage & Hour Laws in a conspicuous place within the agency. Form provided pg. 6.
<input type="checkbox"/> A copy of the Policy Coverage Page (Certificate of Insurance) from a valid Worker's compensation Policy, reflecting the address of the agency office. (If the Sole Proprietorship has no employees, provide a <u>notarized</u> letter written by the owner stating that the agency has no employees.)	<input type="checkbox"/> A copy of the Policy Coverage Page (Certificate of Insurance) from a valid Worker's compensation Policy, reflecting the address of the agency office.	<input type="checkbox"/> A copy of the Policy Coverage Page (Certificate of Insurance) from a valid Worker's compensation Policy, reflecting the address of the agency office.
<input type="checkbox"/> A copy of front and back of owner's valid government-issued photo identification (driver's license, passport, resident alien card, etc.)	<input type="checkbox"/> A copy of front and back of all partners valid government-issued photo identification (driver's license, passport, resident alien card, etc.)	<input type="checkbox"/> A copy of front and back of president and treasurer's valid government-issued photo identification (driver's license, passport, resident alien card, etc.)
<input type="checkbox"/> A copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the agency will be located.	<input type="checkbox"/> A copy of the Business Certificate as filed in the City or Town Clerk's Office of the city or town where the agency will be located.	<input type="checkbox"/> If the agency is a corporation in existence for under one (1) year, provide a copy of the short form Certificate of Legal Existence, issued by the Secretary of the Commonwealth's Office (One Ashburton Place, Boston, MA 02108-1512 Tel: (617) 727-7030, Toll Free: 1-800-392-6090) <input type="checkbox"/> If the agency is a corporation in existence for over one (1) year, provide a Certificate of Good Standing, issued by the Secretary of the Commonwealth's Office (One Ashburton Place, Boston, MA 02108-1512 Tel: (617) 727-7030, Toll Free: 1-800-392-6090)
<p align="center"><u>Mail Completed Registration Application to:</u></p> <p align="center">DIVISION OF OCCUPATIONAL SAFETY EMPLOYMENT AGENCY PROGRAM 399 WASHINGTON STREET, 5TH FLOOR BOSTON, MA 02108</p>		<input type="checkbox"/> If the agency is an out-of-state corporation, submit a copy of the Foreign Corporation Certificate issued by the Secretary of the Commonwealth's Office. (One Ashburton Place, Boston, MA 02108-1512 Tel: (617) 727-7030, Toll Free: 1-800-392-6090)



The Commonwealth of Massachusetts
DIVISION OF OCCUPATIONAL SAFETY
Employment Agency Program

REGISTERED SERVICE AGENCY
AFFIDAVIT CERTIFYING
COMPLIANCE RELATING TO PAYMENT OF STATE TAXES

- Instructions:
- ☐ If agency is a sole proprietorship, the owner must attest
 - ☐ If agency is a partnership, all partners must attest
 - ☐ If agency is a corporation, the President or Treasurer must attest
 - ☐ *This form must be notarized before submitting*

I, _____, _____,
PRINT NAME PRINT TITLE

I, _____, _____,
PRINT NAME PRINT TITLE

I, _____, _____,
PRINT NAME PRINT TITLE

of _____,
AGENCY NAME

AGENCY ADDRESS

do hereby certify that my agency has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

Signed under the pains and penalties of perjury,

This _____ day of _____, 20_____.

SIGNATURES:

SIGNATURE TITLE

SIGNATURE TITLE

SIGNATURE TITLE

NOTARY PUBLIC:

Sworn to me this _____ day of _____, 20_____

SIGNATURE *Affix stamp or seal:*



The Commonwealth of Massachusetts
DIVISION OF OCCUPATIONAL SAFETY
Employment Agency Program

REGISTERED SERVICE AGENCY
AFFIRMATION OF COMPLIANCE
RELATING TO ATTORNEY GENERAL WAGE & HOUR POSTER

- Instructions: ☐ If agency is a sole proprietorship, the owner must affirm
☐ If agency is a partnership, all partners must affirm
☐ If agency is a corporation, the President or Treasurer must affirm

I, _____, _____,
PRINT NAME PRINT TITLE

I, _____, _____,
PRINT NAME PRINT TITLE

I, _____, _____,
PRINT NAME PRINT TITLE

of _____,
NAME OF AGENCY

AGENCY ADDRESS

do hereby certify that our firm has complied with the Division of Occupational Safety's requirement to post the Attorney General's Wage & Hour Poster in a conspicuous place in our office.

SIGNATURE(S):

SIGNATURE TITLE DATE

SIGNATURE TITLE DATE

SIGNATURE TITLE DATE